



Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Sequence Submission?::	No
Computer Readable Form (CRF)?::	No
Title::	Hemostasis Valve
Attorney Docket Number::	106586-170
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	2
Total Drawing Sheets::	5
Petition Included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Status::	Full Capacity
Given Name::	Lee
Middle Name::	A.
Family Name::	Core
Name Suffix::	
City of Residence::	Cambridge
State or Province of Residence::	MA

Country of Residence:: USA
Street of mailing address:: 9 Cambridge Terrace
Apt. 2
City of mailing address:: Cambridge
State or Province of mailing address:: MA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 02140

Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This application is a	An application claiming the benefit under 35 USC 119(e)	60/417,705	10/10/02

Correspondence Information

Correspondence Customer

Number:: 23483
Phone number:: (617) 526-6000
Fax Number:: (617) 526-5000
E-Mail address:: david.cavanaugh@haledorr.com

Representative Information

Representative Customer

Number:: 23483

Assignment Information

<u>Assignee name::</u>	<u>NMT Medical, Inc.</u>
<u>Street of mailing address::</u>	<u>27 Wormwood Street</u>
<u>City of mailing address::</u>	<u>Boston</u>
State or Province of mailing <u>address::</u>	<u>MA</u>
<u>Country of mailing address::</u>	<u>US</u>
Postal or Zip Code of mailing <u>address::</u>	<u>02110</u>